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## **STRATEGIES FOR INCREASING PATIENT SAFETY WITH OPIOIDS**

The acting Secretary of HHS in 2017 declared a public health emergency to address what he called a “national opioid crisis.” It’s easy to see why. The number of people dying from opioid overdoses is increasing<sup>1</sup> and the economic burden is estimated at \$78.5 billion a year in the U.S.<sup>2</sup> Furthermore, due to the increased scrutiny by law enforcement and regulatory agencies and the risk of dependency and overdose there are increased liability risks for physicians related to opioid prescribing. In this special report, the risk management experts at NORCAL offer recommendations supporting sound pain management principles to help mitigate these risks and improve patient safety.

# PRESCRIPTION OPIOID ABUSE: A GROWING NATIONAL CRISIS

“ The misuse of and addiction to opioids... is a serious national crisis that affects public health as well as social and economic welfare.”  
 - National Institutes of Health (NIH), National Institute on Drug Abuse<sup>3</sup>

The acting Secretary of HHS declared a public health emergency to address what he called a “national opioid crisis.” It’s easy to see why. While overall prescribing rates peaked in 2012 and declined to a ten-year low in 2016,<sup>4</sup> there is still cause for concern:<sup>†</sup>

- 52,404 Americans died from opioid overdoses in 2015<sup>1</sup>
- Preliminary numbers indicate at least 64,000 opioid overdose deaths in 2016<sup>1</sup>
- 80 percent of people who use heroin first misused prescription opioids<sup>3</sup>
- In 2016, enough opioid prescriptions were dispensed in about a quarter of U.S. counties for every person to have one<sup>4</sup>
- Some U.S. counties in 2016 had prescribing rates that were seven times higher than the national rate<sup>4</sup>
- 4 states showed prescribing rates greater than one prescription per person in 2016<sup>5</sup>

## Opioid Claims by the Numbers, 2006-2015

Increased Indemnity Payments and Defense Costs<sup>6,†</sup>

### AVERAGE INDEMNITY PAYMENT

PAYMENT INCREASED



FROM

**\$200,000 TO \$265,000**

### AVERAGE COST TO DEFEND THESE CLAIMS



COST ROSE

**100%**



FROM

**\$35,000 TO \$70,000**

## Top Medical Factors and Specialties<sup>6,†</sup>

### TOP CHIEF MEDICAL FACTORS

Medication Errors **182** | **72**

Failure to supervise or monitor case **60** | **20**

Failure to instruct or communicate with patient **51** | **1**

**●** CLOSED CLAIMS **●** PAID CLAIMS

### TOP MEDICAL SPECIALTIES

Family Medicine **128** | **40**

Internal Medicine (IM) **58** | **19**

Anesthesiology **38** | **17**

**●** CLOSED CLAIMS **●** PAID CLAIMS

<sup>†</sup>Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin.

<sup>‡</sup>Reprinted with permission from PIAA. Managing Opioids: Prescribing Practices and Claims. Research Notes. September 2017 Edition, Copyright 2017, PIAA.

## PAIN MANAGEMENT AND PRESCRIBING PRINCIPLES TO HELP INCREASE PATIENT SAFETY

*The risk involved with prescribing opioids is great, but manageable with careful prescribing and sound pain management.*

### RISK MANAGEMENT RECOMMENDATIONS

The risk of dependency and overdose associated with opioids requires careful prescribing and monitoring practices to safely manage patients' pain. Increased scrutiny by law enforcement and regulatory agencies also brings increased liability and compliance risks that can lead to claims losses, fines or (in some cases) state medical board discipline or loss of license. The following risk management best practices support sound pain management principles to improve patient safety and increase defensibility in the event of a claim. Accessing your state's prescription drug monitoring program (PDMP) can also assist in your assessment and monitoring efforts. For additional information on reporting and access information in your state, go to the [PDMP Training and Technical Assistance Center](#).

#### 1 Conduct a Comprehensive History and Physical Examination

- Conduct a comprehensive pain history and family/social history.
- Consistently use an objective, comprehensive pain assessment tool.
- Evaluate for risks of abusing medication and past illegal drug use/abuse.

#### 2 Develop an Individualized Treatment Plan

- Consider and try both pharmacologic and non-pharmacologic pain treatments.
- Consistently use and enforce pain management or therapeutic agreements.
- Include a plan of action to address physical dependence.
- Educate patients about the risks of physical dependence, tolerance and addiction.

#### 3 Establish a Re-evaluation and Patient Monitoring Plan

- Re-evaluate the patient's level of pain and response to treatment at each visit.
- Note the effectiveness and patient compliance with various treatment modalities.
- Communicate regularly with other treatment providers; refer to specialists and obtain second opinions when indicated.

#### 4 Monitor for Aberrant Drug-Related Behavior

- Discuss findings of drug seeking behavior or unusual prescribing patterns with pharmacies, other providers, state agencies and health plans.
- Be aware of the signs of drug abuse or misuse and discuss suspicions with the patient.
- Evaluate the appropriateness of refill requests and require re-assessments for narcotic refills.

*Document all findings, actions, treatment and monitoring plans, and decisions in the medical record.*

MORE ON THIS TOPIC IS AVAILABLE IN THE **NORCAL KNOWLEDGE LIBRARY**  
at [nocal-group.com/library/](https://nocal-group.com/library/) — select Prescribing & Medication in the topics menu.

This report is presented as a courtesy by NORCAL Mutual Insurance Company. Our Risk Management Specialists are always ready to help policyholders with risk issues and to support practice changes that lower risk and improve patient safety.

## ABOUT NORCAL GROUP

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